



PROJECT NOTE

Site Name: Blades Groundwater Site  
City, County, State: Blades, Sussex County, Delaware  
Subject: Residential Home Well Surveys  
Date: May 3, 2019

Prepared By:

**Ex. 4 CBI**

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The attached are Residential Home Well surveys obtained by the EPA Removal program.

# HOME WELL SURVEY

Property ID : 0115 Date: 2/27/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 1 Children:           
 Years Here: 22
2. Please provide the following information about your well:
 

a. Total Depth: <u>NA</u>	e. Date Well was Drilled: <u>NA</u>
b. Well Diameter: <u>2"</u>	f. Casing Material (PVC, steel, etc.): <u>PVC</u>
c. Depth to Ground Water: <u>NA</u>	g. Storage Tank Used?: <input checked="" type="checkbox"/> , Capacity <u>10-20</u>
d. Name of Well Driller: <u>NA</u>	h. Type of Pump: <u>Jet</u> , Capacity <u>        </u>

3. Do you notice color, taste, or odor problems with your well water?

☒ Yes  
☐ No

If yes, please explain: Mucky, tastes fine

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

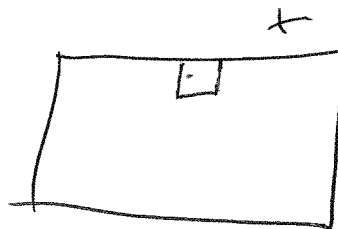
Explain: None

5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added:          Approximate amount added:           
 Type of chemical:         

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:M.E  
D.K

Estimated Potable Water Use: [(# adults ( ) + (# children ( )) \* 1 gallon/person per day = (

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10

Holding Tank Volume: 10-20

Type of Piping: CPVC

Well Treatment System Description:

Tank → Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

Replaced pump

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0142 Date: 2/28/18

Please provide the following requested information to the best of your knowledge (**we understand that some of the information may not be available**):

1. Well Use: Drinking: X <sup>Public</sup> Other: out door  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 30 yrs
2. Please provide the following information about your well:
- |                                      |   |
|--------------------------------------|---|
| a. Total Depth: <u>N/A 50 ft</u>     | e. Date Well was Drilled: <u>1991 or 92</u>           |
| b. Well Diameter: <u>2"</u>          | f. Casing Material (PVC, steel, etc.): <u>PVC</u>     |
| c. Depth to Ground Water: <u>N/A</u> | g. Storage Tank Used?: <u>✓</u> , Capacity <u>N/A</u> |
| d. Name of Well Driller: <u>N/A</u>  | h. Type of Pump: <u>jet</u> , Capacity <u>N/A</u>     |

3. Do you notice color, taste, or odor problems with your well water?

Yes  
No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

\_\_\_\_\_ Filtration \_\_\_\_\_ Carbon \_\_\_\_\_ Softener \_\_\_\_\_ Other (Chlorination, UV, etc.)

Explain: None

\_\_\_\_\_

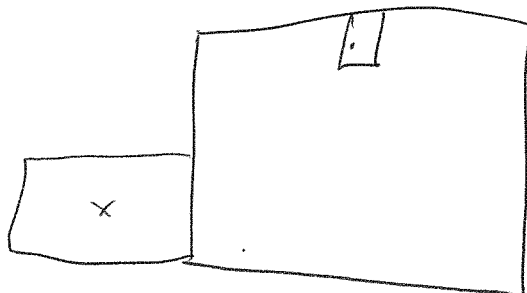
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

Yes No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:M.E.  
D.K.

Estimated Potable Water Use: [(# adults ) + (# children )] \* 1 gallon/person per day =

NA

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Outside spicket, Public water in house, well  
for outside use only

Purge Time: 10

Holding Tank Volume: NA

Type of Piping: PVC

Well Treatment System Description:

Tank -&gt; Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

New pump 7/14/15

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0148Date: 2/22/18

Please provide the following requested information to the best of your knowledge (**we understand that some of the information may not be available**):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 35 yr

2. Please provide the following information about your well:

- |   |   |
|---|---|
| a. Total Depth: <u>100 ft</u>                         | e. Date Well was Drilled: <u>35 yrs</u>                                   |
| b. Well Diameter: <u>2"</u>                           | f. Casing Material (PVC, steel, etc.): <u>PVC</u>                         |
| c. Depth to Ground Water: <u>NA</u>                   | g. Storage Tank Used?: <input checked="" type="checkbox"/> Capacity _____ |
| d. Name of Well Driller: <u>NA</u><br><u>CO white</u> | h. Type of Pump: <u>Jet</u> , Capacity _____                              |

3. Do you notice color, taste, or odor problems with your well water?

☐ Yes  
☒ No

If yes, please explain: \_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

Explain: None

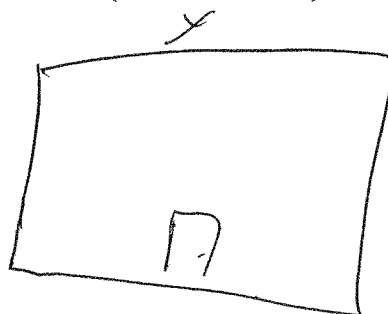
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



**Field Team Assessment Form:**

Estimated Potable Water Use: [(# adults <sup>M.E</sup> 2) + (# children <sup>J.P</sup> )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen  
Sink

Purge Time: 10

Holding Tank Volume: 20

Type of Piping: PVC

Well Treatment System Description:

Tank → Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0170Date: 2/16/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 35

2. Please provide the following information about your well:

- |                                     |  |
|-------------------------------------|--|
| a. Total Depth: <u>NA</u>           | e. Date Well was Drilled: <u>~20 yrs</u>             |
| b. Well Diameter: _____             | f. Casing Material (PVC, steel, etc.): <u>Pvc</u>    |
| c. Depth to Ground Water: <u>NA</u> | g. Storage Tank Used?: <u>—</u> , Capacity <u>20</u> |
| d. Name of Well Driller: _____      | h. Type of Pump: <u>Jet</u> , Capacity _____         |

3. Do you notice color, taste, or odor problems with your well water?

☒ Yes  
☒ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

Explain: None

\_\_\_\_\_

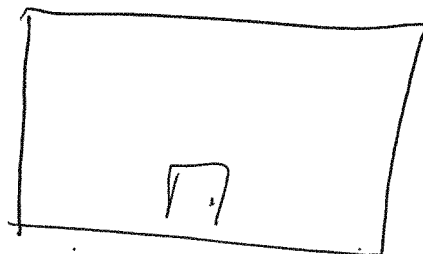
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.





Field Team Assessment Form:

B J.P M.E

Estimated Potable Water Use: [(# adults 2) + (# children )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10 min

Holding Tank Volume: 20

Type of Piping: PVC

Well Treatment System Description:

tank → Pipes

Treatment Equipment Currently In Use:

None

Treatment Equipment Last Serviced:

No  
New everything ~20 yrs

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0173Date: 2/16/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: Bottle Other: ☒  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 1997

2. Please provide the following information about your well:

- |                                 |  |
|---------------------------------|--|
| a. Total Depth: <u>NA</u>       | e. Date Well was Drilled: <u>Early 90's</u>  |
| b. Well Diameter: <u>2"</u>     | f. Casing Material (PVC, steel, etc.): _____ |
| c. Depth to Ground Water: _____ | g. Storage Tank Used?: _____, Capacity _____ |
| d. Name of Well Driller: _____  | h. Type of Pump: <u>Jet</u> , Capacity _____ |

3. Do you notice color, taste, or odor problems with your well water?

☐ Yes  
☒ No

If yes, please explain: Strong Water

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

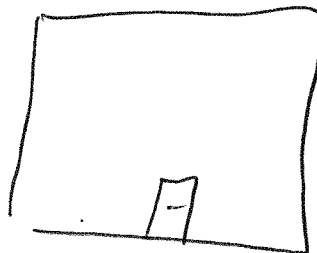
Explain: None

5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_  
 Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



**Field Team Assessment Form:**M.E  
J.P

Estimated Potable Water Use: [(# adults 2 ) + (# children )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen

Purge Time: 10

Holding Tank Volume:

NA

Type of Piping:

PVC,

Well Treatment System Description:

tank - 7 Pipes

Treatment Equipment Currently In Use:

None

Treatment Equipment Last Serviced:

New everything  
with New Well

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0182 Date: 2/16/18

Please provide the following requested information to the best of your knowledge (**we understand that some of the information may not be available**):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 50-55

2. Please provide the following information about your well:

- |                                    |   |
|------------------------------------|---|
| a. Total Depth: <u>NA</u>          | e. Date Well was Drilled: <u>~1985</u>            |
| b. Well Diameter: <u>1</u>         | f. Casing Material (PVC, steel, etc.): <u>PVC</u> |
| c. Depth to Ground Water: <u>✓</u> | g. Storage Tank Used?: _____, Capacity _____      |
| d. Name of Well Driller: <u>✓</u>  | h. Type of Pump: <u>Sub</u> , Capacity _____      |

3. Do you notice color, taste, or odor problems with your well water?

☐ Yes  
☒ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

Explain: None

\_\_\_\_\_

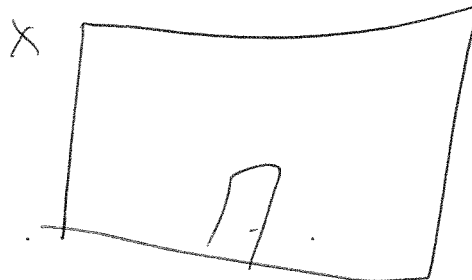
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:M.E.  
S.P.

Estimated Potable Water Use: [(# adults 2) + (# children )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen sink

Purge Time: 10

Holding Tank Volume: ~ 20

Type of Piping: PVC

Well Treatment System Description:

None

Treatment Equipment Currently In Use:

None

Treatment Equipment Last Serviced:

None

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0197Date: 2/19/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ✓ Other: ✓  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: 2 months

2. Please provide the following information about your well:

- a. Total Depth: N/A e. Date Well was Drilled: \_\_\_\_\_  
 b. Well Diameter: \_\_\_\_\_ f. Casing Material (PVC, steel, etc.): \_\_\_\_\_  
 c. Depth to Ground Water: \_\_\_\_\_ g. Storage Tank Used?: ✓, Capacity \_\_\_\_\_  
 d. Name of Well Driller: \_\_\_\_\_ h. Type of Pump: \_\_\_\_\_, Capacity \_\_\_\_\_

3. Do you notice color, taste, or odor problems with your well water?

       Yes  
✓ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

       Filtration        Carbon        Softener        Other (Chlorination, UV, etc.)

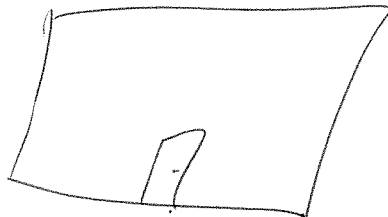
Explain: N/A  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

       Yes ✓ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_  
 Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



**Field Team Assessment Form:**J.P.  
M.EEstimated Potable Water Use: [(# adults 2) + (# children   )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen

Purge Time: 10Holding Tank Volume: 20Type of Piping: PVC

Well Treatment System Description:

Tank -&gt; Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA

Photograph the treatment system. Photo ID:

None

# HOME WELL SURVEY

Property ID : 0209Date: 2/19/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 2 Children: \_\_\_\_\_  
 Years Here: \_\_\_\_\_

2. Please provide the following information about your well:

- |                                 |   |
|---------------------------------|---|
| a. Total Depth: <u>40 ft</u>    | e. Date Well was Drilled: <u>NA</u>   |
| b. Well Diameter: <u>2"</u>     | f. Casing Material (PVC, steel, etc.): <u>PVC</u>                             |
| c. Depth to Ground Water: _____ | g. Storage Tank Used?: <input checked="" type="checkbox"/> Capacity <u>20</u> |
| d. Name of Well Driller: _____  | h. Type of Pump: <u>Jet</u> , Capacity _____                                  |

3. Do you notice color, taste, or odor problems with your well water?

☐ Yes  
☒ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

Explain: None

\_\_\_\_\_

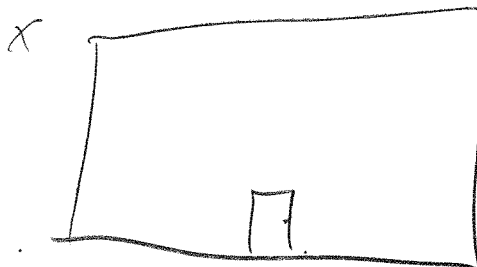
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.





M.E  
J.P**Field Team Assessment Form:**

Estimated Potable Water Use: [(# adults 2) + (# children )] \* 1 gallon/person per day = 2

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10 min

Holding Tank Volume: 20

Type of Piping: PVC

Well Treatment System Description:

Tank -&gt; Pipes

Treatment Equipment Currently In Use:

None

Treatment Equipment Last Serviced:

NA

Photograph the treatment system. Photo ID:

## HOME WELL SURVEY

Property ID : 0245Date: 02/21/2018

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: Y Other: Y  
 Number of Adults Using Well: 1 Children: 1  
 Years Here: 4 years
2. Please provide the following information about your well:
- |                                     |   |
|-------------------------------------|---|
| a. Total Depth: <u>NA</u>           | e. Date Well was Drilled: <u>NA</u>                     |
| b. Well Diameter: <u>↓</u>          | f. Casing Material (PVC, steel, etc.): <u>↓</u>         |
| c. Depth to Ground Water: <u>↓</u>  | g. Storage Tank Used?: <u>   </u> , Capacity <u>   </u> |
| d. Name of Well Driller: <u>   </u> | h. Type of Pump: <u>   </u> , Capacity <u>   </u>       |

3. Do you notice color, taste, or odor problems with your well water?

    Yes  
No No

If yes, please explain:    

4. Please describe any type of water treatment system that you are currently using (check all that apply)

    Filtration     Carbon     Softener     Other (Chlorination, UV, etc.)

Explain: NA

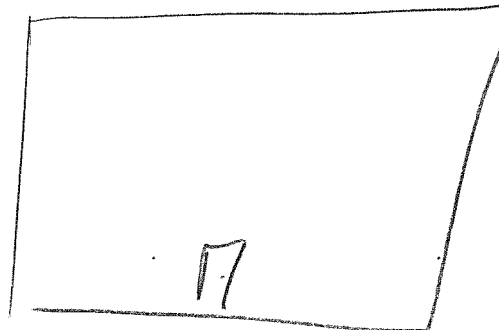
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

    Yes No\* No

If yes, date last added:     Approximate amount added:    

Type of chemical:    

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:

Estimated Potable Water Use: [(# adults *1*) + (# children / )] \* 1 gallon/person per day = *2*

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

*Kitchen Sink*

Purge Time: *10*

Holding Tank Volume: *NA*

Type of Piping: *NA*

Well Treatment System Description:

*NA*

Treatment Equipment Currently In Use:

*NA*

Treatment Equipment Last Serviced:

*NA*

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0263 Date: 2/22/18

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 3 Children: 2  
 Years Here: 15 yrs
2. Please provide the following information about your well:
 

a. Total Depth: <u>NA</u>	e. Date Well was Drilled: <u>APR 2004</u>
b. Well Diameter: <u>1</u>	f. Casing Material (PVC, steel, etc.): <u>PVC</u>
c. Depth to Ground Water: <u>1</u>	g. Storage Tank Used?: <input checked="" type="checkbox"/> Capacity <u>5</u>
d. Name of Well Driller: _____	h. Type of Pump: <u>Sub</u> , Capacity _____

3. Do you notice color, taste, or odor problems with your well water?

☒ Yes  
☒ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

Explain: None

\_\_\_\_\_

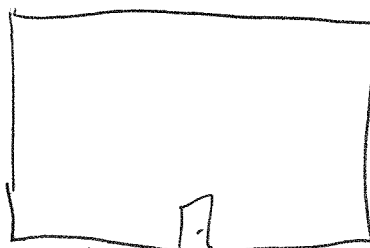
5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added: \_\_\_\_\_ Approximate amount added: \_\_\_\_\_

Type of chemical: \_\_\_\_\_

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:M.E  
J.P

Estimated Potable Water Use: [(# adults 2 ) + (# children 2 )] \* 1 gallon/person per day = 4

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen  
Sink

Purge Time: 10

Holding Tank Volume:

Type of Piping: PVC

Well Treatment System Description:

tank -&gt; Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA

Photograph the treatment system. Photo ID:

# HOME WELL SURVEY

Property ID : 0275 Date: 2/28/16

Please provide the following requested information to the best of your knowledge (we understand that some of the information may not be available):

1. Well Use: Drinking: ☒ Other: ☒  
 Number of Adults Using Well: 4 Children:         
 Years Here: ~20yr

2. Please provide the following information about your well:

- |   |   |
|---|---|
| a. Total Depth: <u>NA</u>               | e. Date Well was Drilled: <u>NA</u>   |
| b. Well Diameter: <u>      </u>         | f. Casing Material (PVC, steel, etc.): <u><del>NA</del> PVC</u>               |
| c. Depth to Ground Water: <u>      </u> | g. Storage Tank Used?: <input checked="" type="checkbox"/> Capacity <u>NA</u> |
| d. Name of Well Driller: <u>      </u>  | h. Type of Pump: <u>NA</u> Capacity <u>NA</u>                                 |

3. Do you notice color, taste, or odor problems with your well water?

☒ Yes  
☐ No

If yes, please explain: brind color with ice

4. Please describe any type of water treatment system that you are currently using (check all that apply)

☐ Filtration ☐ Carbon ☐ Softener ☐ Other (Chlorination, UV, etc.)

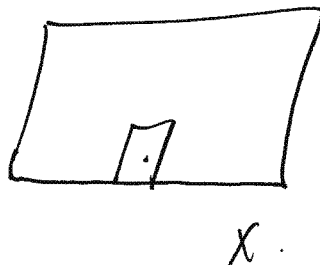
Explain: NA

5. Do you regularly or have you added chemicals directly to your well (i.e., chlorine, Clorox, etc.)?

☐ Yes ☒ No

If yes, date last added:        Approximate amount added:         
 Type of chemical:       

6. Please provide sketch of well location (relative to house) below.



Field Team Assessment Form:M.E  
D.K

Estimated Potable Water Use: [(# adults 4) + (# children )] \* 1 gallon/person per day = 4

Sample Zone:

Samples Collected: ☒ PFCs ☒ FRB ☐ VOCs ☐ Other:

Describe sample location(s):

Kitchen Sink

Purge Time: 10

Holding Tank Volume:

Type of Piping: NA

Well Treatment System Description:

Tank -&gt; Pipes

Treatment Equipment Currently In Use:

NA

Treatment Equipment Last Serviced:

NA

Photograph the treatment system. Photo ID: